

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Ambulatory Surgery Centers  
Managed Care Organizations

**Memorandum No: 07-75**  
**Issued: December 21, 2007**

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information contact:**  
800.562.3022, option 2 or go to:  
<http://maa.dshs.wa.gov/contact/prucontact.asp>

**Subject: Ambulatory Surgery Centers: 2008 Fee Schedule and Policy Updates**

**Effective for dates of service on and after January 1, 2008**, unless otherwise specified, the Health and Recovery Services Administration (HRSA) will:

- Clarify and update coverage policies;
- Add new 2008 Current Procedural Terminology (CPT<sup>®</sup>) codes; and
- Update the 2007 Ambulatory Surgery Center (ASC) groups and assign new procedure codes to the 2008 ASC groups.

## Overview

All policies previously published remain the same unless specifically identified as changed in this memorandum.

HRSA will not be implementing the Outpatient Prospective Payment System (OPPS) for ASCs at this time.

HRSA will continue to cover only the following services in an ASC:

- Services that cannot safely and routinely be performed in a physician's office; and
- Services that can be safely performed outside of the hospital setting.

HRSA uses the Year 2007 Medicare Fee Schedule Database (MFSDB) ASC groups for procedure codes valid in 2007 and has assigned ASC groups to the new 2008 procedure codes.

The 2008 ASC Fee Schedule reflects the changes included in this memorandum.

## Added and Deleted Procedure Codes

**Effective for dates of service on and after January 1, 2008,** HRSA will incorporate the 2008 CPT, HCPCS, and CDT procedure code updates into the ASC Fee Schedule.

You may view HRSA's ASC Fee Schedules online at:

<http://maa.dshs.wa.gov/RBRVS/Index.html>.

**Note:** Do not use ADA, CPT, and HCPCS codes that are deleted in the "2008 CPT" book, "2008 CDT" book, or the "2008 HCPCS" book for dates of service after December 31, 2007.

## Policy Statement

All procedures performed in an ASC are subject to the program specific guidelines.

**For example:** Surgeries are subject to the Physician-Related Services Washington Administrative Code (Chapter 388-531 WAC) and billing instructions. Dental procedures are subject to the Dental-Related Services WAC (Chapter 388-535 WAC) and billing instructions.

HRSA has also updated coverage and prior authorization (PA) information.

Bill HRSA your usual and customary charge.

You must bill one claim for all services per client, per date of service.

You must bill any corrections to a final bill as an adjustment.

## Dental Policy Reminders

HRSA covers dental-related services, including oral and maxillofacial surgeries that are provided in an ASC, if the dental-related services are:

- Medically necessary; and
- Provided in accordance with Chapter 388-535 WAC; and

**At least one of the following is true:**

- The client is a client of the Division of Developmental Disabilities;
- The client is eight years of age or younger; or
- The dental service is prior authorized by HRSA.

The performing dentist must send in a request for authorization. The request must contain the procedure codes and must be on the claim form(s) the dentist uses to bill for the service.

**Note:** HRSA does not consider services provided in an ASC to be emergency services.

HRSA requires providers to report dental services, including oral and maxillofacial surgeries, using CDT codes. **Exception:** Oral surgeons may use CPT codes listed in HRSA's Dental Program Fee Schedule only when the procedure performed is not listed as a covered CDT code in HRSA's published Dental Program Fee Schedule.

When billing for dental services, ASCs must use the same procedure code(s) that a dentist would use to bill as long as the procedure code is appropriate on an ASC claim.

## Implantable Devices

**Effective for dates of service on and after January 1, 2008,** HRSA will begin evaluating reimbursements for implantable devices and will review claims for reimbursement on a case-by-case basis.

To bill HRSA for implantable devices:

- Submit the manufacturer's invoice with the Medicare required procedure code written on it;
- Complete the 1500 Claim Form and place an "X" in field 19. For an electronic submission place an "X" in the Comments section; and
- Bill HCPCS code L8699.

## Procedures Changing Groups

Effective for dates of service on and after January 1, 2008, HRSA will change the ASC groups for the following procedures:

New	Procedure Code	Brief Description	Current Group	New Group
	42826	Removal of Tonsils	5	4
	58670	Laparoscopy, tubal cautery	5	3
	58671	Laparoscopy, tubal block	5	3
	64581	Implant neuroelectrodes	1	3

## Procedure Codes

Effective for dates of service on and after January 1, 2008, HRSA will add the following procedure codes to the ASC fee schedule:

Procedure Code	Brief Description	Group	Authorization
20555	Place ndl musc/tis for rt	2	
24357	Repair elbow, perc	2	
24358	Repair elbow w/deb, open	2	
24359	Repair elbow deb/attch open	2	
27267	Cltx thigh fx	1	
27416	Osteochondral knee autograft	4	PA
27726	Repair fibula nonunion	3	
27767	Cltx post ankle fx	1	
27768	Cltx post ankle fx w/mnpj	1	
27769	Optx post ankle fx	3	
28446	Osteochondral talus autogrft	3	
29828	Arthroscopy biceps tenodesis	3	
29904	Subtalar arthro w/fb rmvl	3	
29905	Subtalar arthro w/exc	3	
29906	Subtalar arthro w/deb	3	
29907	Subtalar arthro w/fusion	3	
32421	Thoracentesis for aspiration	1	
32422	Thoracentesis w/tube insert	1	
32550	Insert pleural cath	1	
41019	Place needles h&n for rt	2	
49440	Place gastrostomy tube perc	1	
49441	Place duod/jej tube perc	1	
49446	Change g-tube to g-j perc	1	
49450	Replace g/c tube perc	1	
49451	Replace duod/jej tube perc	1	

Procedure Code	Brief Description	Group	Authorization
49452	Replace g-j tube perc	1	
49460	Fix g/colon tube w/device	1	
50385	Change stent via transureth	1	
50386	Remove stent via transureth	1	
51102	Drain bl w/cath insertion	1	
55920	Place needles pelvic for rt	1	
67041	Vit for macular pucker	7	
67042	Vit for macular hole	7	
67043	Vit for membrane dissect	7	
67113	Repair retinal detach, cplx	7	
0186T	Suprachoroidal drug delivery	#	

**PA** = Prior authorization.

**#** = Not Covered

## Deleted Procedure Codes

**Effective for dates of service on and after February 1, 2008**, HRSA will not cover the following procedures when performed in an ASC:

Procedure Code	Procedure Code	Procedure Code
10080	16020	43750
11001	24350	51010
11200	24351	51725
11601	24352	57061
11602	24354	52510
11603	24356	67038
11640	26775	67801
11641	28220	67805
11642	31505	67850
11762	32000	68420
15851	41826	

## How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

## How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.